

LIFE AFTER FISTULA

Odette, 21, wants to go to college

Odette got pregnant when she was 16. She didn't realize then that her life would become a nightmare. The father of her child, a classmate, did not support her when she was expelled from school and refused to take care of her or the baby.

She faced a lonely pregnancy, with dim prospects of finishing her studies and getting a better chance in life. When it came time for her to deliver, she had an obstructed labour. After three days of unrelieved suffering, she ended up losing her baby. Still in pain and grieving for her loss, Odette almost immediately realized that there was something wrong with her: she was leaking urine. Only much later she would learn that she had obstetric fistula — a childbirth condition that leaves women incontinent.

Odette is not alone. For every hour of every day in the Democratic Republic of Congo, at least two women die from pregnancy complications. For every woman who dies, at least 20 experience severe complications that could have been prevented, such as fistula.

This is a nation-wide problem which is particularly accentuated in the conflict areas of Eastern Congo, where Odette lives.



Photo: UNFPA, DRC.

The persistent insecurity in the area has led to the continuous displacement of persons, especially women and girls, who are among the most vulnerable groups. As a result of displacement and the lack of adequate health infra-structure, the area is marked by a high number of maternal deaths and disabilities.

To address the problem, UNFPA is implementing an emergency project in conflict zones of the country, with the financial support of the government of Finland. The objective is to contribute to the reduction of maternal deaths and disabilities among internally displaced persons.

In only six months the project has already achieved significant results, including the establishment of maternal health, emergency obstetric care and fistula referral services. Two general hospitals are now providing fistula surgery and more than ten health professionals, including doctors and nurses, received specialized training.

Disinformation and lack of universal access to health services, however, are still among the challenges to both prevent and treat obstetric fistula. Odette lived with the condition for five years before she learned that she could be treated.

Despite the psychological and physical trauma that she endured at a very young age, she managed to resume her studies and kept good grades in order to prevent rejection from colleagues.

Each day, Odette would bring extra clothes to school and leave the classroom every four hours to change. Neither her classmates nor her teachers were aware of her condition until the eve of her departure to Ngote, 70 miles away from her village, where she would undergo surgery.

Odette had heard on the radio that other women had the same problem and that the main hospital in Ngote could treat her. Transportation, housing, food, surgery — all expenses would be paid for by UNFPA through a partner organization, COOPI Cooperazione Internazionale, thanks to the funds from the government of Finland.

Odette is among the 143 women who were treated during the first phase of the project. Almost all of them had their fistula successfully repaired and benefitted from socio-economic reintegration initiatives.

Now healed, Odette hopes to get her high school degree this year and continue her studies. “I am very happy to have overcome this ordeal. I plan on obtaining my diploma to continue on to college,” Odette says. “I thank everyone who helped me so that I can have a normal life again.”

Assane BA reported from Kinshasa, DRC, with support from Dr. Jerry Masudi Mohamed and Alexandra Sicotte-Levesque.